

PART B - FEE(S) TRANSMITTAL

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Suzelyn L. Lee (Depositor's name)
[Signature] (Signature)
[Date] (Date)

23410 7590 04/17/2008

Vista IP Law Group LLP
2040 MAIN STREET, 9TH FLOOR
IRVINE, CA 92614

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/684,086 10/10/2003 Kimbott Young 03-255 US 3032

TITLE OF INVENTION: MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1440 \$300 \$0 \$1740 07/17/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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COHEN, LEE S 3739 606-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

BOSTON SCIENTIFIC
SCIMED, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature *Michael S. Davidson*
Michael S. Davidson

Date 7/15/08
Registration No. 43,577

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